

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET </div> <div style="width: 20%;"> SERIAL NO. </div> <div style="width: 20%;"> FILING DATE </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> APPLICANT(S) </div> <div style="width: 20%;"></div> <div style="width: 20%;"></div> </div>							
CLAIMS							
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11							61
12							62
13							63
14							64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.	↓		↓		↓		TOTAL IND.
TOTAL DEP.	↓		↓		↓		TOTAL DEP.
TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS